**Good Day Calls Referral Form**

The Good Day Calls service is available to people aged 50 or over, living in Lancashire, Blackpool or North Sefton. Please be aware that the Good Day Calls Service is not an emergency or medical service.

To refer someone to the service we will need to provide some information about the person you are referring, and also about you as the referrer. You can refer someone to the service using this form or by calling Age UK Lancashire on **0300 303 1234**. Completed forms can be emailed to **gooddaycalls@ageuklancs.org.uk**

**About the person being referred**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **What they prefer to be called** |  |

**Address:**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone (landline):** |  | **Telephone (mobile):** |  |

|  |  |
| --- | --- |
| **Email:** |  |

**Do they have a call blocker on their telephone?** [ ]  Yes [ ]  No [ ]  Don’t Know

**Anything you feel relevant for us to be aware of to support this person accessing our service?** For example, living with dementia, hard of hearing

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|  |

**Please outline your reasons for making this referral, or benefit you anticipate the older person you are referring may get from accessing this service?**

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|  |

**Please tick to confirm that the older person is aware that you are referring them to this service?** [ ]

**Please tick to confirm that the older person is over 50 years of age** [ ]

**Please tick if the older person is a veteran** [ ]

**A requirement of the service is that the older person provides us with ideally 2 named contacts who we would be able to contact in the event of an emergency. Please tick to confirm that the older person is prepared to provide us with this information during our first call with them** [ ]

**About you**

|  |  |  |  |
| --- | --- | --- | --- |
| **Private referrer for example for friend, family member (tick)** |  | **Your relationship** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **On behalf of an organisation (tick)** |  | **Name of organisation** |  |

**Will you be continuing to support this person whilst they are receiving our service?**

Yes [ ]  No [ ]  Additional information:

|  |
| --- |
|  |

**Address:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

**How did you hear about the Good Day Calls service?**

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|  |

Age UK Lancashire is committed to protecting your privacy and takes its data protection responsibilities and obligations seriously in compliance with data protection law. The personal data we collect for the Good Day Call Service will be processed under the lawful basis of our contract with you and in the vital interests of the client and in accordance with our Privacy Policy. For further information on how Age UK Lancashire processes personal data, please read our Privacy Policy which is available at <https://www.ageuk.org.uk/lancashire/privacy-policy/>

By signing this form, you confirm that all information provided is accurate, and that the person being referred has been made aware of this process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:**  |  |

**What happens next:**

We aim to contact the older person you have referred to the service within 3 working days to confirm that they would like to engage with the service and arrange a call schedule.

Once we have been in touch with the person you have referred, we will not share any of their information without their permission and all the information provided will be stored securely and kept confidential.